

EXHIBIT A

GENEVA COUNTY JAIL

BOOKING SHEET

Probation Check Yes caWarrant Book apb ca

Date 06/25/05 Time 4:30 PM
 Name Richardson (LAST) DAVID (FIRST) FE (MIDDLE)

Alias _____

Date of Arrest 06/25/05 Social Security No. 423-90-5464
 Race WHITE Sex MALE Age 34 Eyes BRO. Hair BRO.
 Ht. 5'-11" Wt. 170 DOB 05.28.70 Photo _____ F.P. _____
 Address 1604 (STREET) ALFORD RD. (APT.) SAMSON, AL (CITY) (STATE) 36301 (ZIP)

Telephone _____ I.D. No. 5530746-A

NCIC Check _____

Next of Kin _____ Relationship _____

Address _____ (STREET) _____ (APT.) _____ (CITY) _____ (STATE) _____ (ZIP) _____

Charge Pos. Con. Sob Bond 2500.00 Charge littering Bond 1,000.00
 Charge Pro. VIO. Bond NO Charge _____ Bond _____
 Charge _____ Bond _____ Charge _____ Bond _____

ARRESTING OFFICER Annie Henderson (PLEASE PRINT)Signature Annie Henderson

AGENCY _____

BOOKING OFFICER Mark Jackson (PLEASE PRINT)RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released _____

Date of Release _____ Time _____ Type of Release _____

Signature of Releasing Officer _____

P.O.E. _____

WARRANT # _____

OCCUPATION _____

WARRANT # _____

P.O.B. _____

WARRANT # _____

HOLD Geneva Co. (Rep. Hughes)

WARRANT # _____

BOOKING SHEET

Inmate Name RICHARDSON DAVID E. Date 06/25/05 Time 4:30 P

HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

<input type="checkbox"/> a. Asthma	<input type="checkbox"/> g. Alcoholism
<input type="checkbox"/> b. Heart Trouble	<input type="checkbox"/> h. Mental Illness
<input type="checkbox"/> c. Hypertension	<input type="checkbox"/> i. Venereal Disease
<input type="checkbox"/> d. Diabetes	<input type="checkbox"/> j. Tuberculosis
<input type="checkbox"/> e. Epilepsy or Seizure	<input type="checkbox"/> k. Ulcer
<input type="checkbox"/> f. Drug Addiction	<input type="checkbox"/> l. Faintly of recent head injury
	<input type="checkbox"/> m. Hepatitis

If any response was yes, please explain and give date of last treatment. _____

2. Are you allergic to anything? _____ If yes, what? _____

3. Have you ever been determined to be HIV positive? _____ If yes, when? _____

4. Are you currently taking any prescription medication? _____ If yes, what? _____

For what? _____

5. Does the inmate require a special diet prescribed by a physician? _____ If yes, what? _____

For what? _____

6. Do you have any other medical or mental problem we should know about? _____ If yes, what? _____

BOOKING SHEET

Inmate Name Richardson, David, E. Date 06/25/ Time _____

1. Check One:

This inmate was cooperative in responding to the above questions and allowing me to observe him.

This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability:

2. I certify that I have today observed inmate Richardson, David, E. asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.



Signature of Booking Officer

Date: 06/25/05

Time: 4:30 pm.

GENEVA COUNTY JAIL

I, Richardson DAVID E, HAVE BEEN ADVISED BY
THE JAILER OF THE FOLLOWING;

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO SEARCH BY
AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR
CORRESPONDENCE WITH COURT OFFICIALS

INMATE SIGNATURE

DATE 06/25/05

Mark Jackson
JAILERS SIGNATURE

DATE 06/25/05

EXHIBIT B

GENEVA COUNTY JAIL
Prisoner's Activity Sheet

Prisoner's Name:

Richard DAVIS. EDWARD

6/25/05 SUBJECT ARRESTED BY ANNIE HENDERSON CO. ON
POSSESSION OF CONTROLLED SUBSTANCE (crack), VIOLATION
OF PROBATION. NO BOND

NOTE: GREG HUGHES NOTIFIED BY ANNIE HENDERSON AND T-AI.

6/27/05 Held Placard a Hold for Co. R/C

6/28/05 Moved out of H/C photo - finger prints
to A/S - had NO problem

6/28/05 Q.97/07/05 Bond Set \$500 less Sub 2500
Littering 1,000.

7/3/05 Trans to DR. Mithun - 1.35 p/m
Subj placed calls to several people
from exim Rm phone. Subj prob. twice
by T-AI. (Mr. Weeks) (Abst. / Abst) (and Bond)
Noted by T-35 54 PK (on)

EXHIBIT C

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

DAVID EDWARD RICHARDSON,)
)
Plaintiff,)
)
v.) Civil Action No. 1:05-cv-709-MHT-DRB
)
)
GENEVA COUNTY JAIL, et al.)
)
)
Defendants.)

AFFIDAVIT OF GREG WARD

STATE OF ALABAMA)
)
COUNTY OF GENEVA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Greg Ward, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Greg Ward. I am over the age of nineteen and competent to make this affidavit.

2. I am the duly elected Sheriff of Geneva County, Alabama.

3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail. I have no personal knowledge of any of the specific allegations that form the basis of Plaintiff's Complaint.

4. I state affirmatively that I neither acted, nor caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled.

5. The Geneva County, Alabama Sheriff's Department operates the Geneva County Jail pursuant to sound policies and procedures which ensure that the rights of all inmates

incarcerated therein are respected. Members of the jail staff are trained both in house and at certified training programs and academies regarding all aspects of their jobs, including the administration of medical care to inmates.

6. It is the policy of the Geneva County, Alabama Sheriff's Department that all inmates confined in the Geneva County Jail be entitled to a level of health care comparable to that available to the citizens in the surrounding community in order that the inmates' physical and emotional well-being may be maintained. All medical care rendered to inmates in the Geneva County Jail is delivered under the direction of a licensed health care practitioner. It is departmental policy that no member of the jail staff, or any other Sheriff's Department employee, may ever summarily or arbitrarily deny an inmate's reasonable request for medical services. All judgments regarding the necessity of medical treatment are left to a licensed health care practitioner.

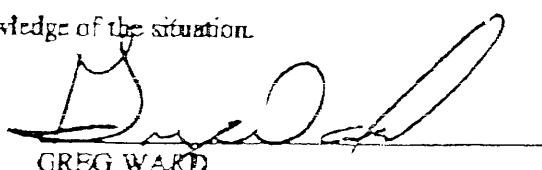
7. It is the policy of the Geneva County Sheriff's Department that all inmates incarcerated in the Geneva County Jail be allowed to request health care services at any time. Requests of an emergency nature may be made either verbally or in writing, but all requests for non-emergency care from state or county inmates must be submitted in writing. Members of the jail staff are charged with the responsibility of accepting requests for medical treatment from inmates and taking appropriate action to see that those requests are dealt with in a prompt and appropriate manner. Inmates with non-emergency medical problems are taken to see Dr. O.D. Mitchum in Geneva, Alabama. Inmates who have an emergency medical problem are taken to the Emergency Room for treatment.

8. When a member of the jail staff receives a request for medical treatment from an inmate, it is his or her responsibility to turn that request form over to the responsibility of the on

duty jailer or matron. It is then the on duty jailer or matron's responsibility to make an appointment for the inmate with an appropriate health care provider. Any doubt as to whether an actual need exists for medical treatment is resolved in favor of the inmate, with medical services being offered. All requests of an emergency nature are handled immediately.

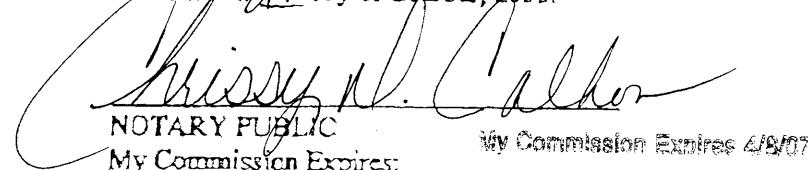
9. It is the policy of the Geneva County Sheriff's Department that persons incarcerated in the Geneva County Jail be entitled to safe and accurate dispensation and administration of prescription and nonprescription medication. All medication prescribed for an inmate by a health care provider during the time of an inmate's incarceration is obtained by the Sheriff's Department and distributed according to the doctor's directions. When distributing medications, members of the jail staff complete a medication log, which records the inmate's name, the medication, the date and time it was delivered, the initials of the officer delivering the medication, or supervising its delivery, and the inmate's initials or signature acknowledging receipt.

10. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.



GREG WARD

SWORN TO and SUBSCRIBED before me this 24th day of October, 2005.



NOTARY PUBLIC
My Commission Expires: 4/8/07 My Commission Expires 4/8/07

EXHIBIT D

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

DAVID EDWARD RICHARDSON,)
)
Plaintiff,)
)
v.) Civil Action No. 1:05-cv-709-MHT-DRB
)
)
GENEVA COUNTY JAIL, et al.)
)
)
Defendants.)

AFFIDAVIT OF CARL ROWE

STATE OF ALABAMA)
)
COUNTY OF GENEVA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Carl Rowe, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Carl Rowe. I am over the age of nineteen and competent to make this affidavit.
2. I am the Jail Administrator for the Geneva County Jail.
3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail.
4. The Geneva County, Alabama Sheriff's Department operates the Geneva County Jail pursuant to sound policies and procedures which ensure that the rights of all inmates incarcerated therein are respected. Members of the jail staff are trained both in house and at certified training programs and academies regarding all aspects of their jobs, including the administration of medical care to inmates.

5. It is the policy of the Geneva County, Alabama Sheriff's Department that all inmates confined in the Geneva County Jail be entitled to a level of health care comparable to that available to the citizens in the surrounding community in order that the inmates' physical and emotional well-being may be maintained. All medical care rendered to inmates in the Geneva County Jail is delivered under the direction of a licensed health care practitioner. It is departmental policy that no member of the jail staff, or any other Sheriff's Department employee, may ever summarily or arbitrarily deny an inmate's reasonable request for medical services. All judgments regarding the necessity of medical treatment are left to a licensed health care practitioner

6. It is the policy of the Geneva County Sheriff's Department that all inmates incarcerated in the Geneva County Jail be allowed to request health care services at any time. Requests of an emergency nature may be made either verbally or in writing, but all requests for non-emergency care from state or county inmates must be submitted in writing. Members of the jail staff are charged with the responsibility of accepting requests for medical treatment from inmates and taking appropriate action to see that those requests are dealt with in a prompt and appropriate manner. Inmates with non-emergency medical problems are taken to see Dr. O.D. Mitchum in Geneva, Alabama. Inmates who have an emergency medical problem are taken to the Emergency Room for treatment. At no time did the Plaintiff request, either written or verbal, medical attention for any of his claims that are basis of his Complaint.

7. When a member of the jail staff receives a request for medical treatment from an inmate, it is his or her responsibility to turn that request form over to the responsibility of the on duty jailer or matron. It is then the on duty jailer or matron's responsibility to make an appointment for the inmate with an appropriate health care provider. Any doubt as to whether an

actual need exists for medical treatment is resolved in favor of the inmate, with medical services being offered. All requests of an emergency nature are handled immediately.

8. It is the policy of the Geneva County Sheriff's Department that persons incarcerated in the Geneva County Jail be entitled to safe and accurate dispensation and administration of prescription and nonprescription medication. All medication prescribed for an inmate by a health care provider during the time of an inmate's incarceration is obtained by the Sheriff's Department and distributed according to the doctor's directions. When distributing medications, members of the jail staff complete a medication log, which records the inmate's name, the medication, the date and time it was delivered, the initials of the officer delivering the medication, or supervising its delivery, and the inmate's initials or signature acknowledging receipt.

9. The Geneva County Jail is subject to routine maintenance and repairs on a regular basis by the custodian, and the facility is regularly sprayed for insects. Never did the Plaintiff complain to me about having been bitten by a spider, or any other kind of insect. If the Plaintiff had made such a complaint, or request for medical attention, I would have informed the proper health care provider and/or scheduled an appointment for the Plaintiff with the same.

10. Oftentimes inmates will purposefully overflow the toilets by stopping the toilet up with objects such as razors or even a toilet brush and then repeatedly flushing the toilet. On the occasion that Plaintiff is referring to, around the 4th or 5th of July, one of the jail toilets was purposefully overflowed by inmates. However, jail staff members ensured that the toilet was fixed that day.

11. Plaintiff never had to sit or sleep in water from a toilet that overflowed.

12. All inmates, including the Plaintiff, are always provided with a mattress and bed linens for sleeping in the event that the number of inmates exceeds the number of beds at the jail. Never has the Plaintiff had to sleep on the floor without a mattress and bed linens.

13. Plaintiff is not disabled. He walks well without any aid. Even so, Plaintiff never requested a walker or hand rails.

14. The Plaintiff requested to see a doctor because his back was bothering him. Therefore, an appointment was made for him to see Dr. O.D. Mitchum.

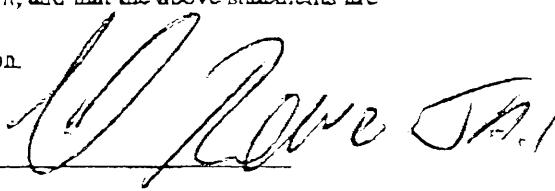
15. Internal grievance procedures at the Geneva County Detention Facility are available to all inmates. It is the policy of the Geneva County Detention Facility that inmates are permitted to submit grievances and that each grievance will be acted upon accordingly. Inmates are given an inmate grievance form upon their request to complete and return to a detention center staff member for any grievance they may have. It is further the policy and procedure of the Geneva County Detention Facility to place each such grievance in the inmate's file for a record of the same.

16. Upon my review of the Plaintiff's inmate file, there is no grievance filed by him concerning any aspects of the medical care he received while incarcerated in the Geneva County Detention Facility. Had I received such a grievance, I would have followed procedures and responded to the complaint accordingly. The only time I have seen a grievance form from the Plaintiff is the grievance form that was attached to his Complaint was not filed with the jail. I did not receive that grievance until I received the Complaint in this lawsuit.

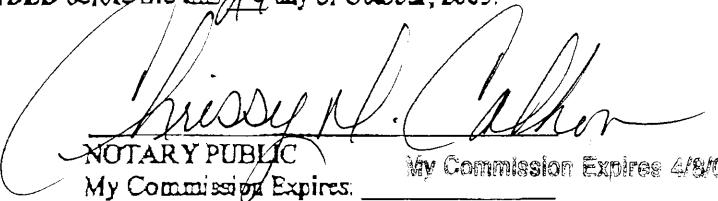
17. I certify and state that the documents from Plaintiff's Inmate File provided to the Court which are attached to the Defendants' Special Report are true and correct copies of these records, kept at the Geneva County Jail in the regular course of business. I am the Custodian of these Records.

records, kept at the Geneva County Jail in the regular course of business. I am the Custodian of these Records.

18. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


CARL ROWE

SWORN TO and SUBSCRIBED before me this 4 day of October, 2005.


Chrissy N. Caison
NOTARY PUBLIC
My Commission Expires: _____

My Commission Expires 4/8/07

EXHIBIT E

Sep 12 05 03:28p

P. 2

GENEVA COUNTY JAIL
INMATE REQUEST FORM

NAME Eric Michael CELL 619-555-1234 DATE 6/1/2023

TELEPHONE CALL MEDICAL DENTAL HEARING REQUEST

GRIEVANCE VISIT PERSONAL PROBLEM OTHER

SHERIFF JAIL ADMINSTRATOR JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.
I hope you will call for medical attention.
Saturday June 21st I was put on the floor in
holding cell with a broken back. I repeated attempts
to get a doctor failed. Been carrying weight
that I can't stand up for 2 days. My
skin is raw and I am getting infected.
I am suffering from a bad case of diarrhea.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR SHERIFF

JAILER John SIGNATURE 75-05 DATE 82 AM TIME

TO BE PLACED IN INMATE'S FILE

Sept. 7-13-65

EXHIBIT F

Sep 12 05 03:28p

p. 3

O.D. MITCHUM, M.D.
100 W. LAKE PROFESSIONAL PARK, STE. ONE
GENEVA, AL 36340
(334) 684-9400

OFFICE VISITS - EST. PT.		VACCINES	REMOVAL F.B. EYE	65205
MINIMAL	99211	FLU - G0008	90659	FINE NEEDLE BIOPSY BREAST
PROB FOCUS	99212	PNEUMONIA - G0009	90732	INGROWN NAIL REMOVAL
EXPD PROB FOCUS	99213	TETANUS - 90471	90703	IRRIGATION EARS
DETAIL / LC	99214	ADM / INJECTION	90782	TRIGGER POINT INJ.
COMP / MC	99215	ADM / ANTIBIOTIC INJECTION	90788	INJ/ASP - SMJT.
				20600
				20605
				20610
OFFICE VISITS - NEW PT		LABORATORY	MAJ JT.	
PROB FOCUS	99201	BASIC METABOLIC PANEL	80048	
EXPD PROB FOCUS	99202	GENERAL HEALTH PANEL	80050	
DETAIL / LC	99203	ELECTROLYTE PANEL	80051	RADIOLOGY
COMP / MC	99204	COMPREHENSIVE METABOLIC	80053	ANKLE
		LIPID PANEL	80061	ABDOMEN
		ARTHRITIS PANEL (RH9)		CERVICAL SPINE
		ACUTE HEPATITIS PANEL	80074	CHEST / FRONTAL / 1 VIEW
PREV MED EST PT		HEPATIC FUNCTION PANEL	80076	ELBOW
18-39 YRS	99395	ANEMIA 1 PROFILE	31000	FINGER
40-64 YRS	99396	VENIPUNCTURE - G0001	36415	FOOT
65 & OLDER	99397	GLUCOSE	82947	FOREARM
		HCT	85013	HAND
PREV MED NEW PT		HEMOCCULT	82270	HIP / SINGLE / 1 VIEW
18-39 YRS	99385	HEMOC. SCREENING	60107	HIP / SINGLE / 2 VIEWS
40-64 YRS	99386	PSA	84153	HIP / BIL / 2 VIEWS
65 & OLDER	99387	PAP SMEAR	88150	KNEE
		PAP SMEAR SCREENING	Q0091	LEG
INJECTIONS		TINE TEST	8658*	LUMBAR SPINE
AMPICILLIN 500MG	J0290	URINALYSIS	81000	PELVIS
B12 (UP TO 1000 MG)	J3420	URINE PREGNANCY	81025	SHOULDER
CELESTONE (3MG)	J0702	Tsh	84443	SINUS
ESTROGEN	J1390	T4	84439	SKULL
DEPO. PROVERA 100 MG	J1055	CBC	85025	THORACIC SPINE
ROCEPHIN (250 MG)	J0696	HgBAIC	83036	WRIST
IRON DEXTRAN (2CC) 50MG	J1750	B-12 LEVEL	82607	EKG
VISTARIL (UP TO 25 MG)	J3410			93005
SOLGANAL (UP TO 50 MG)	J2910			93010
DEPOTESTOSTERONE 100MG	J1070			
DEPOTESTOSTERONE 200MG	J1080			
PROCEDURES				
KENALOG (10MG)	J3301	I.&D. SIMPLE	10060	
		I.&D. COMPLICATED	10061	
		EXCISION - LESION	11xxx	
		HYFRECATION - LESION	1700x	
				Next Appt.
	5			
	6			RX's
	7			
	8			
Special Orders				Signature
				O.D. Mitchum, MD

Diagnosis

Next Appt.

5

6

7

8

RX's

Signature

O.D. Mitchum, MD

GENEVA COUNTY COMMISSION
ATTN: DONNA JONES
PO BOX 420
GENEVA AL 36340

Ins: (none)
Cust. Bal: \$0.00
Acc. Bal: \$503.00
Charges: \$0.00
Paid: \$0.00

David Richardson

EXHIBIT G

L. Mitchum, M.D.

Practice Office Notes

me David RichardsonDOB: 8/28/70 Date: 7/13/05 MR No. 33209ALLERGIES: NIKDA

HISTORY CC/HPL

① Back pain - sleeps on floor - can't get up -
 ② Has rash - thinks insect bite - has saw bugs -
 ③ (In in L) arm blue - knotted

+ red of ice + waves
Phone to call + called
K. wife jail - inf.

Agree with above history

Meds: (See Flowsheet)

① albuterol ② loratad

Med/Surg Hx: Fell out of tree - broke ribs - FX tail bone

① FX back - 6-09-05 COPD? -

Fam/Soc Hx:

IN-HOUSE DIAGNOSTICS

(See attached) UA _____ UP _____ HCT _____ Hemocult _____ BS _____ 12 Lead EKG _____

X-Ray: _____ Results: See X-Ray Report

PHYSICAL EXAM: Const. Appearance

ABNORMALS

Eyes _____ Periorbital swelling; non-icteric

ENT _____ clear nares; pharynx; ear canals/TMs

Neck _____ supple; no rigidity, bruits

CV _____ nl sounds; no murmurs, heaves, gallops

Resp _____ =chest expansion, CTA&P

Breast _____ no nodularity, axillary lymphadenopathy

GI/Abd _____ BSx4, no pain, masses, or organomegaly

Rectal _____ smooth mucosa, no masses, nl prostate

Msk _____ no skeletal deformity, good PMS

Integ _____ nl skin, hair & nails

Neuro _____ nl CN, sensation & reflexes

Psych _____ A&O, nl affect

Lymph _____ cerv _____ ax _____ ing _____ aur

Male GU _____ no scrotal or penile tend, masses

Female GU _____ nl ext gent, no urethral tend, masses

_____ nl uterus, vag mucosa, cervix & adnexa

ASSESSMENT:

F182 P 76 R 20 BP 127/90 WT -

F141.

PLAN:

Darnell. U -

Injection: med/dose _____

site _____

EXHIBIT H

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

DAVID EDWARD RICHARDSON,)
)
Plaintiff,)
)
v.) Civil Action No. 1:05-cv-709-MHT-DRB
)
)
GENEVA COUNTY JAIL, et al.)
)
)
Defendants.)

AFFIDAVIT OF DONALD WEEKS

STATE OF ALABAMA)
)
COUNTY OF GENEVA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Donald Weeks, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Donald Weeks. I am over the age of nineteen and competent to make this affidavit.

2. I am a jailor at the Geneva County Jail and have been for 11 years. Before that I was Assistant Chief of Police in Samson, Alabama, for 8 years.

3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail.

4. The Geneva County Jail is subject to routine maintenance and repairs on a regular basis by the custodian, and the facility is regularly sprayed for insects.

5. Oftentimes inmates will purposefully overflow the toilets by stopping the toilet up with objects such as razors or even a toilet brush and then repeatedly flushing the toilet. On the occasion that Plaintiff is referring to, around the 4th or 5th of July, one of the jail toilets was purposefully overflowed by inmates. However, jail staff members ensured that the toilet was fixed that day.

6. Plaintiff never had to sit or sleep in water from a toilet that overflowed.

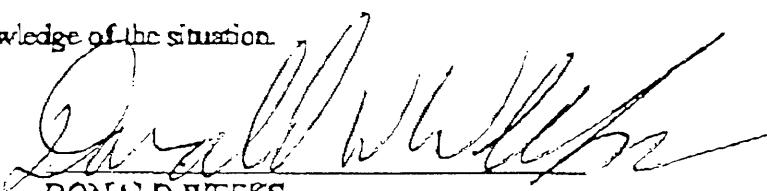
7. All inmates, including the Plaintiff, are always provided with a mattress and bed linens for sleeping in the event that the number of inmates exceeds the number of beds at the jail. Never has the Plaintiff had to sleep on the floor without a mattress and bed linens.

8. Plaintiff is not disabled. He walks well without any aid. Even so, Plaintiff never requested a walker.

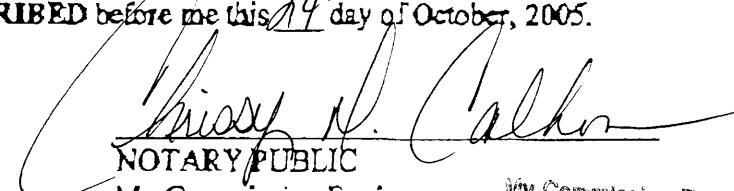
9. Plaintiff requested to see the doctor because his back was bothering him. Therefore, I took him to see Dr. O.D. Mitchum. To the best of my knowledge, Plaintiff never made any other requests for medical care. If the Plaintiff had submitted a grievance form, it would have been placed in the Plaintiff's Inmate File.

10. I have not received a grievance from the Plaintiff concerning the allegations made the basis of his Complaint until I received the Complaint in this lawsuit with a grievance form attached.

11. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


DONALD WEEKS

SWORN TO and SUBSCRIBED before me this 14th day of October, 2005.


NOTARY PUBLIC

My Commission Expires: My Commission Expires 4/8/07

EXHIBIT I

INMATE MEDICATION LOG (GENEVA COUNTY JAIL)

INMATE NAME David Richardson CELL P

DATE TIME MEDICATION OFFICER INMATE SIGN

7/13/05	5:30 PM	1 10 ⁰⁰ PM	MR	<i>DR</i>
7/14/05	12:00	1	MR	<i>DR</i>
7/14/05	5:00 PM	1 10PM	MR	<i>DR</i>
7/15/05	6:00 AM	1	MR	<i>DR</i>
7/15/05	12:00	1	DR	<i>DR</i>
7/15/05	5:00 PM	1, 10PM	DR	<i>DR</i>
7/16/05	6:00 AM	1	DR	<i>DR</i>
7/16/05	Noon	1	DR	<i>DR</i>
7/16/05	5 PM	1	DR	<i>DR</i>
7/16/05	10 PM	1	DR	<i>DR</i>
7/17/05	6 AM	1	DR	<i>DR</i>
7/17/05	Noon	1	MR	<i>DR</i>
7/17/05	5 PM - 10PM	1x2	DR	<i>DR</i>
7/18/05	6 AM	1	DR	<i>DR</i>
7/18/05	Noon	1	PBW	<i>DR</i>
7/18/05	5:00 PM	1 10 ⁰⁰ PM	MR	<i>DR</i>

1. Propoxyphene 1 Tab every 6 hours.

INMATE MEDICATION LOG (GENEVA COUNTY JAIL)

INMATE NAME DAVID RICHARDSON CELL

R/S

DATE TIME MEDICATION OFFICER INMATE SIGN

1-PROPOXYPHEN - 1 TAB EVERY (6) hrs.

EXHIBIT J

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

DAVID EDWARD RICHARDSON,)
)
Plaintiff,)
)
v.) Civil Action No. 1:05-cv-709-MHT-DRB
)
)
GENEVA COUNTY JAIL, et al.)
)
)
Defendants.)

AFFIDAVIT OF AMBER PAUL

STATE OF ALABAMA)
)
COUNTY OF GENEVA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Amber Paul, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Amber Paul. I am over the age of nineteen and competent to make this affidavit.
2. I am the Jail Matron at the Geneva County Jail.
3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail. I have no personal knowledge of any of the specific allegations that form the basis of Plaintiff's Complaint.
4. I am responsible for the female inmates and their needs. I do not work with the male inmates except to feed them or answer a knock if the Jailers on duty are too busy.
5. Plaintiff never asked me for medical attention.

6. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.

AMBER PAUL

SWORN TO and **SUBSCRIBED** before me this ____ day of October, 2005.

NOTARY PUBLIC
My Commission Expires: _____

6. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.

Amber Paul

SWORN TO and SUBSCRIBED before me this 24th day of October, 2005.

Christy N. Callan
NOTARY PUBLIC

My Commission Expires: _____

My Commission Expires 4/8/07

EXHIBIT K

CELL Right INMATES NAME David Richardson

THE JAIL IS NOT RESPONSIBLE FOR PROPERTY LEFT OVER 72 HOURS

GENEVA COUNTY JAIL
INMATE VISITATION SHEET

1. According to the Sheriff of Geneva County, you are authorized three visitors only.
2. You, the inmate are responsible for updating and changing your own visitation sheet.
3. Only those individuals listed on this sheet are authorized to see the inmate.
4. Remember visitation is a privilege that can be taken away if abused.

1. NAME Charles Richardson

ADDRESS Genes AL
 CITY STATE ZIP
 PHONE 684-2109

2. NAME Frances Abutiny

ADDRESS 1604 After Rd Spanish, AL 36477
 CITY STATE ZIP
 PHONE - 898-9792

3. NAME Sheila Richardson

ADDRESS OZARK AL
 CITY STATE ZIP
 PHONE 389-8962

5. You, the inmate can only change the names on this sheet every fifteen (15) days.
6. All items for the inmate will be left with the Jail Administrator Monday through Friday 8:00 AM to 4:00 PM. Money and Cigarettes can be left on visitation night Wednesday 6:00 PM to 7:00 PM and Sundays 6:00 AM to 6:00 PM.

INMATE SIGNATURE: David Richardson DATE 6-28-05

DO NOT WRITE BELOW THIS LINE

SPECIAL INSTRUCTIONS _____

ACR467

ALABAMA JUDICIAL DATA CENTER

GENEVA COUNTY

JUDG: KENNETH W. QUAT

DOCKET DATE NOTICE

CASE: CC 2005 000324.00

DEFENDANT, ATTORNEY(S), AND ALL WITNESSES MUST APPEAR BEFORE THIS COURT
FOR ARRAIGNMENT AT THE TIME AND PLACE STATED BELOW.

DEFENDANT: RICHARDSON DAVID EDWARD DATE: 09/01/2005

ATTORNEY: HARRISON DAVID J TIME: 09:00 AM

CHARGE: POSS CONTR. SUBS.

PLACE: GENEVA COUNTY COURTHOUSE
FIRST FLOOR COURTROOM
200 COMMERCE ST
GENEVA, ALABAMA 36340

RICHARDSON DAVID EDWARD
1604 ALFORD RD
SAMSON AL 36477 0000

NOTES:

DATE ISSUED: 08/12/2005

GALE LAYE

CLERK

OPERATOR: MAH
PREPARED: 08/12/2005

GENEVA COUNTY JAIL
INMATE REQUEST FORMNAME Daniel P. Johnson CELL Right DATE 6-30-05TELEPHONE CALL MEDICAL DENTAL HEARING REQUEST GRIEVANCE VISIT PERSONAL PROBLEM OTHER BondSHERIFF JAIL ADMINSTRATOR JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

Could you please find out what, if any
bond in Enforcement is set for me. If it
they set me a bond there, I can make
this day. Thank you allowing me to make this
day as well.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR SHERIFF JAILER J. P. Johnson SIGNATURE DATE 6-30-05 TIME 9-11

No Bond TO BE PLACED IN INMATE'S FILE

On Probation V.O.